

**REPORTLINE**  
Virginia Department of Accounts  
**Request Form**

<b>Date</b> <b>Logon ID (Create One)</b> <i>(7 to 9-Character/Alpha-Numeric)</i> <b>Your Agency Number</b> <b>Name</b> <b>Signature</b> <b>Email Address</b> <b>Telephone</b>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	<b>User</b> <i>(check one)</i> <input type="checkbox"/> Agency User <input type="checkbox"/> Agency Security Officer  <b>Action</b> <i>(check one)</i> <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete
--	---	--

\*\*\*\*\*

**Approved Agencies – List individual agency numbers**

\*\*\*\*\*

**—Reportline Access—**

**Report Families: BENEFITS, CARS, CIPPS, FAACS, HEALTHCARE, LEAVE, VRS**

Report Family <i>(See List Above)</i>	Level of Security <i>(Choose only one)</i>	List Reports Here For Security Levels C or D
* <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> <b>A.</b> No reports for system <input type="checkbox"/> <b>B.</b> All reports for system <input type="checkbox"/> <b>C.</b> <b>ONLY</b> listed reports for system <i>(Use next column to list reports)</i> <input type="checkbox"/> <b>D.</b> All reports for system <b>EXCEPT</b> listed <i>(Use next column to list reports)</i>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
* <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> <b>A.</b> No reports for system <input type="checkbox"/> <b>B.</b> All reports for system <input type="checkbox"/> <b>C.</b> <b>ONLY</b> listed reports for system <i>(Use next column to list reports)</i> <input type="checkbox"/> <b>D.</b> All reports for system <b>EXCEPT</b> listed <i>(Use next column to list reports)</i>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>

<b>Authorized by (Agency):</b>  <b>Entered by (DOA):</b>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>
	<i>Signature</i>	<i>Date</i>
	<i>Signature</i>	<i>Date</i>

Continuation Page Attached ☐ No ☐ Yes

**REPORTLINE**  
**Virginia Department of Accounts**  
**Request Form – Continuation Page**

Report Family <i>(See List Above)</i>	Level of Security <i>(Choose only one)</i>	List Reports Here For Security Levels C or D
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <b>ONLY</b> listed reports for system <i>(Use next column to list reports)</i> <input type="checkbox"/> D. All reports for system <b>EXCEPT</b> listed <i>(Use next column to list reports)</i>	 _____  _____  _____
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <b>ONLY</b> listed reports for system <i>(Use next column to list reports)</i> <input type="checkbox"/> D. All reports for system <b>EXCEPT</b> listed <i>(Use next column to list reports)</i>	 _____  _____  _____
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <b>ONLY</b> listed reports for system <i>(Use next column to list reports)</i> <input type="checkbox"/> D. All reports for system <b>EXCEPT</b> listed <i>(Use next column to list reports)</i>	 _____  _____  _____
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <b>ONLY</b> listed reports for system <i>(Use next column to list reports)</i> <input type="checkbox"/> D. All reports for system <b>EXCEPT</b> listed <i>(Use next column to list reports)</i>	 _____  _____  _____
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <b>ONLY</b> listed reports for system <i>(Use next column to list reports)</i> <input type="checkbox"/> D. All reports for system <b>EXCEPT</b> listed <i>(Use next column to list reports)</i>	 _____  _____  _____

<b>Authorized by (Agency):</b>  <b>Entered by (DOA):</b>	_____ <i>Signature</i> _____ <i>Signature</i>	_____ <i>Date</i> _____ <i>Date</i>
--	--	--